CO01-003-e

Recommendations of the jury of the third Italian consensus conference for treatment of severe brain injury

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Keywords: Rehabilitation; Acquired brain injury; Traumatic brain injury; Consensus conference

Introduction.– In November 2010 an Italian national consensus conference (CC) was organised at Salsomaggiore (Parma – Italy) to draw-up recommendations on the rehabilitation programs for acquired brain injured patients in the intensive hospital phase. According to the rules of the NIH CC model, the final recommendations of the jury are based on the best available evidence combined with clinical expertise and the experience of persons with disabilities and other stakeholders.

Methods.– Seven multiprofessional working groups, coordinated by experts in methodology and documentation prepared detailed documents for the Jury, based on the critical analysis of the available scientific information.

Results.– We present the conclusions of the Jury regarding paroxysmal manifestations, neuroendocrine problems, nutrition and swallowing, ventilation and respiration, clinical and instrument diagnosis and prognosis, rehabilitative and pharmacological facilitation of contact with surroundings, neurosurgical complications and hydrocephalus, sensorimotor impairment and disability, rehabilitation methods, cognitive-behavioural impairment and disability, methodology and organisation of care, family/caregivers involvement in rehabilitation.

Discussion.– We are now working on the most difficult stage of a CC: the local implementation of the recommendations of the jury.

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Neurobehavior clinic: Reflecting on 13 years of distressed behavior following brain injury

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Keywords: Neurobehavior clinic; Rehabilitation medicine; Neuropsychology; Neuropsychiatry

Introduction.– The complex psychological and psychiatric problems (e.g. organic personality disorder, fixed delusional beliefs, and major mood disturbance) that can be associated with acquired brain injury are serious problems that often lead to significant distress for patients and their families/carers. Studies cite rates of 20–60% for psychological and psychiatric problems across a range of neurological conditions. In response to this clinical need, in 1999 the National Rehabilitation Hospital for Ireland established a neurobehavior clinic (NBC) served by clinicians from rehabilitation medicine, clinical neuropsychology and neuropsychiatry. This is a national service and is the only clinic of its kind in Ireland.

Observations.– Over 13 years the NBC has provided approximately 1300 consultations. Over 50% of those referred sustained a TBI and the most common reason for referral was distressed behavior followed by mood disturbance. Apathy, psychosis, chronic fatigue and relationship breakdown were common complicating factors. The most frequent clinical questions at referral were diagnostic review and advice on pharmacological and psychological treatments. Treatments typically included replacing anti-psychotic with mood enhancing agents and psychological interventions. included: misuse of medication, diagnostic disagreement, timely access to specialist services and residential facilities.

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Vocational outcome 4 years after severe traumatic brain injury (TBI)

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Keywords: Traumatic brain injury; Vocational; Outcome

Objectives.– Finding predictors of return to work 4 years after severe TBI.

Methods.– Prospective observational study of adult TCS in Île-de-France (Paris – TBI). To determine the effects of demographic characteristics, initial clinical severity and functional status 1 year after TBI on vocational activities 4 years is studied.

Results.– Five hundred and four patients included between 2005 and 2007, 257 were discharged alive from acute care, 143 were evaluated at 4 years. Fifty-one (36%) returned to work, 92 (64%) were unemployed. People who returned to work were younger (mean age 29 vs. 35 years at the time of trauma, $P = 0.02$), had studied the longest (mean 12 vs. 11 years, $P = 0.03$). Several factors were associated with unemployment: lower initial Glasgow Coma Scale score ($P = 0.009$), longer time to follow command ($P = 0.021$), higher length of stay in intensive care ($P = 0.0018$), lower Glasgow Outcome Scale score (GOS) at discharge ($P = 0.024$), lower GOS-Extended score at 1 year ($P = 0.000006$), lower DEX -R score at 1 year ($P = 0036$).

Discussion.– Vocational outcome after severe TBI remains partially understood.

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History of traumatic brain injury among prisoners: Preliminary results of a prevalence survey

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Keywords: Traumatic brain injury; Prison; Prisoner

Introduction.– A descriptive prevalence study has been conducted at Fleury-Mérogis prison between November 2, 2012 and January 31, 2013.

Objective.– The objectives of this study were: to establish the prevalence of self reported TBI in a prison population; to compare the prevalence of TBI among incarcerated population and the general population; to study the links between TBI, epilepsy and incarceration taking into account the age of onset of the TBI.

Methodology.– A questionnaire was filled with all the subjects entering the custodial system at Fleury-Mérogis state prison. The questionnaires were completely anonymized at the time they were filled.

Results.– One thousand one hundred and forty-eight questionnaires were analysed with a population of 991 men, 88 women and 69 juveniles (boys and girls). The overall prevalence of reported history of TBI in this population was 30.6%. The two most common causes of TBI were road accident and fights. Seventy